Adverse Childhood Experiences
Best Clinical Practices

Presenter:
Melitta Basa, EMDR, LCDC, LPC, CCTP
Objectives

• Examine the nature of adverse childhood experiences
• Examine the biochemical, psychological, and neurological effects of traumatic stress in childhood
• Examine the clinical research that supports the imperative factors that influence results of childhood stress
• Analyze clinical application of various theoretical treatment models
Talking about ACES study & Mechanisms that ACEs can lead to
What is the Adverse Childhood Experiences Study, (ACES)?

10-year longitudinal study, 17,000 people, making it the largest study thus far on this subject

Looked at the effects of childhood experiences over a lifespan

Childhood experiences are powerful determinants of who we become as adults

- Emotional Problems
- Health Risk Behaviors
- Serious Social Problems
- Adult Disease and Disability
- High Health and Mental Health Costs
- Poor Life Expectancy

Felitti, V. J., et al. (2019)
ACEs and their associated harms are preventable. Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full health and life potential.

Felitti, V.J., et al. (2019)
Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Felitti, V.J., et al. (2019)
THE ACES TEST

Take the test below to find out your ACEs score.
For each “Yes” answer, score one point. As your ACE score increases, so does the risk of disease and social and emotional problems.
An ACE score of 3 or more is considered high.

1. Before you were 18, did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you, or act in a way that made you afraid that you might be physically hurt?

2. Before you were 18, did a parent or other adult in the household often or very often push, grab, slap, or throw something at you, or ever hit you so hard that you had marks or were injured?

3. Before you were 18, did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way, or attempt or actually have oral, anal, or vaginal intercourse with you?

4. Before you were 18, did you often or very often feel that no one in your family loved you or thought you were important or special, or your family didn’t look out for each other, feel close to each other or support each other?

5. Before you were 18, did you often or very often feel that you didn’t have enough to eat, had to wear dirty clothes and had no one to protect you, or were your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

6. Before you were 18, were your parents ever separated or divorced?

7. Before you were 18, was a parent often or very often pushed, grabbed, slapped, or had something thrown at him/her, or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard, or ever repeatedly hit over at least a few minutes or threatened with a gun or knife by a domestic partner?

8. Before you were 18, did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

9. Before you were 18, was a household member depressed or mentally ill, or did a household member attempt suicide?

10. Before you were 18, did a household member go to prison?

Need to talk? If you need immediate help, call COPES at 918-744-4800. Or call 211 for referrals to many social service agencies.

ACES TEST & SCORES

What does the ACES score mean?

- 7 out of 10 leading causes of death (mid 90s)
- 20-year difference in life expectancy
- Score of 4 or more
  - 2x more likely to develop HepC, COPD, etc.
  - 4x more likely to become depressed
  - 12 x more likely to attempt to take his/her own life

“Trauma Across the Life Span; What do we know?” In 2011, Dr Nadine Burke-Harris speaks at meeting as part of Leadership Exchange. Attendees included Larke Huang from SAMHSA and panel of national experts (USA and Canada)

SAMHSA leader in this area. First country to have national policy

• 2012 “Make it so”
Since 2012, major development in research

- Shonkoff 2016 the Center for the Developing Child- Harvard University
- Pediatricians joining the movement
- Agencies focusing on mothers and baby's health
- Trauma informed being a part of suicide prevention
- Culturally safe and effective for communities with indigenous population
• 2014 SAMHSA working on consistency in definitions & language around trauma and trauma-informed approaches

• Several countries now utilize assessment tools for communities and practitioners
• Treating abused adults, rather than treating them like “criminals”

• People who experience trauma seek help in variety of settings

• US schools adopting ACEs, working toward being trauma-informed schools

• US trauma-informed work with veterans
TED TALK ABOUT ACES!

https://www.ted.com/talks/nadine_burke_harris_how_childhoodtrauma_affects_health_across_a_lifetime/up-next?language=en
Screenings are provided in schools, therapeutic settings, medical settings, and primary care settings.

**Screening Tools**

- ACES questionnaire
- CYW ACE-Q (Youth Wellness’ Adverse Child Experiences Questionnaire)
- CYW ACE-Q and User Guide
- ACEs Family Health History and Health Appraisal Questionnaire
- Parental ACEs screening tool
- Resilience Questionnaire
- Parental Screening Questionnaire: A Safe Environment for Every Kid
- Pediatric Intake Form
- Child Stress Disorders Checklist (CSDC)

American Academy of Pediatrics

WHY Multi-Disciplinary Teams?

When dealing with trauma it is helpful to use Multidisciplinary Team referred to as “Layers of Players” that provides for a more integrated model of treatment, support and care for both the individual seeking services and their family.
The Importance of Self-Care for Treating Clinicians

When providing ACEs and trauma informed care training, organizations can equip staff to recognize the physical, emotional and cognitive effects of trauma. *This training will help staff understand how important it is for emotionally regulated professionals to work with emotionally deregulated individuals.*

The Importance of Self-Care for Treating Clinicians

Section C of American Counselors Association’s Code of Ethics states, “counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.”

The Importance of Self-Care for Treating Clinicians Cont’d.

- Important for personal well-being
- Can feel fatigued, emotionally drained, and mentally preoccupied. This can lead to impacting areas of professional and personal life.
- Risk “burnout” or compassion fatigue
- Can develop stress-related symptoms
- Can develop Secondary Traumatic Stress

Implementing Self-care

Requires engagement of both mind and body

Know what your self-care is
• What makes you feel best?

Make time weekly, if not daily
• Can put reminders on calendar
• Implement in your daily routine

Neurological effects & why this is important to understand
• The childhood years, from the prenatal period to late adolescence, are the “building block” years that help set the stage for adult relationships, behaviors, health, and social outcomes.

• ACEs and associated conditions such as living in under resourced or racially segregated neighborhoods, frequently moving, experiencing food insecurity, and other instability can cause toxic stress (i.e., prolonged activation of the stress-response system) Shonkoff (2012)

• Changes to the brain from toxic stress can affect such things as attention, impulsive behavior, decision-making, learning, emotion, and response to stress Shonkoff (2012)

• These children are at increased risk of becoming involved in crime and violence, using alcohol or drugs, and engaging in other health-risk behaviors (e.g., early initiation of sexual activity; unprotected sex; and suicide attempts). They are susceptible to disease, illness, and mental health challenges over their lifetime. Dube (2003)

• Children growing up with toxic stress may have difficulty forming healthy and stable relationships. They may also have unstable work histories as adults and struggle with finances, family, jobs, and depression throughout life—the effects of which can be passed on to their own children. Shonkoff (2012)
Trauma & The Brain

- Reptilian or Primal Brain (Basal Ganglia)
  - First part of the brain that develops
- Paleomammalian (Limbic)
  - Amygdala, hypothalamus, hippocampus
  - HPA Axis
- Nonmammalian
  - Cerebrum

Perry, B. D., et al. (1998)
Identifying trauma in the body
- 60-70% of trauma is held in your body
- Suppresses positive emotions – curiosity, joy, gratitude etc.

Identifying the window of tolerance and self-rescue

Mind/Body

Interpersonal neurobiology and mirror neurons

Trauma & Body/Mind Integration Cont’d

- Top vs Bottom interventions
- Coherent Story vs Detailed Narrative
- Titration and Pendulation
- Physiological platform of feeling safe, relaxed, and calm
- Felt safe/Real safety
- Perceived threat vs. real threat

Trauma & Body/Mind Integration Cont’d

- Dual awareness
- Hypervigilance/tense body vs vigilance/relaxed body
- The Arousal/Fear Continuum
- Dissociation, hypoarousal, calm, vigilance, alarm, hyperarousal, terror
- Arousal and Optimal Level of Functioning
- Big T vs Small t

Trauma & Body/Mind Integration Cont’d

• Stress vs. Trauma
• Type I Trauma (single event) vs. Type II Trauma (ongoing/complex)
• Pre-natal Trauma
• Early Life Trauma

Research
Inequalities in health and social determinants

Proposed six high level policy objectives

1. Give every child the best start in life
2. Enable all children, young people and adults to maximize their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention

Marmot et al., (2010)
Early Adversity has Lasting Impacts

- Traumatic Brain Injury
- Fractures
- Burns
- Depression
- Anxiety
- Suicide
- PTSD
- Unintended pregnancy
- Pregnancy complications
- Fetal death
- HIV
- STDs
- Cancer
- Diabetes
- Alcohol & Drug Abuse
- Unsafe Sex
- Education
- Occupation
- Income

Adverse Childhood Experiences

Mental Health

Infectious Disease

Chronic Disease

Risky Behaviors

Opportunities
The Marmot Review in 2010 Cont’d.

Relates to ACES and health

- Looking at impacts of ACEs
- Inequalities
- Presence of ACEs could impact social determinants of health

Marmot et al., (2010)
Research identified five numbers to remember in early childhood development:

1. 700 New neural connections per second
2. 8 Months; Age at which disparities in vocabulary begin to appear
3. 90-100% Chance of developmental delays when children experience 6-7 risk factors
4. 3:1 Odds of adult heart disease after 7-8 adverse childhood experiences
5. $4-$9 In returns for every dollar invested in early childhood programs

Shonkkoff, J. P. (2016)
Move from restraints and seclusions to offering alternatives

- Site staff training and technical support to implement trauma-informed, strength-based approaches to prevent aversive interventions
- Federal Mental Health Block Grant Program Goals: Promoting an understanding of the impact of trauma and need for trauma-informed care, clinical protocols and programs designed that support recovery and enhance resilience across a lifespan (financing strategies, workforce development, cross-system collaboration, strategic planning, and consumer empowerment)
- National Center for Trauma Informed Care NCTIC, 2005. Offers consultation and technical assistance, education, outreach, and resources to support a broad range of services
National Child Traumatic Stress Initiative
NCTSI

Part of SAMHSA, works to improve treatment and services for children, adolescents, and families who have experienced traumatic events.

2000 Congress recognizes serious mental health impact of traumatic events on children/adolescents/families- authorizes NCTSI as part of the Children’s Health Act.

NCTSI focuses on:

- Evidence-based interventions
- Collaboration with systems of care
- Successful education and training approaches (including training practitioners in trauma-informed/evidence-based treatments)
- Data collection and evolution activities
National Child Traumatic Stress Network (NCTSN)

- Education and awareness raising with policymakers regarding trauma, resilience and recovery
- Product development for professionals, policymakers, families, youth, and the public
- Partnerships with youth, families, and other consumers

- Program began 2000
- More than 200 grants awarded
- In 2014 provided evidence-based treatment to more than 41,000 people
- Provided training in assessment and treatment of traumatic stress to more than 202,000 people (including mental health professionals, providers, child-servicing systems, consumers, and public)
National Child Traumatic Stress Network (NCTSN) Cont.

- Trauma-Informed Screening and Assessment
  - Trauma Screening
  - Trauma-informed Mental Health Assessment
  - Trauma Assessment Pathway TAP
  - Child and Adolescent Needs and Strengths CANS
  - Transactional Model

NCTSN Tools and Best Practices
Trauma-Informed Primary Care (TIPC) for Women’s Health Issues

• Looked at how ACEs scores impacted long term health
• Developed Trauma-Informed Primary Care TIPC for women living with HIV
• Had 27 leading policy makers, trauma experts, and advocates from government to develop the frameworks to use as building blocks.
• TIPC defines trauma broadly, addressing both recent and lifelong trauma. Focuses on provider support and well-being.
• Four components look at:
  • Environmental
  • Screening
  • Response
  • Foundation

Practical Applications
SAMSHA’s Six Key Principles of Trauma-Informed Approach

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice, and Choice
6. Cultural, Historical, and Gender Issues
Known Trauma-Specific Interventions

- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Essence of Being Real
- Risking Connection
- Sanctuary Model
- Seeking Safety
- Trauma, Addiction, Mental Health, and Recovery (TAMAR)
- Trauma Affect Regulation; Guide for Education and Therapy (TARGET)
- Trauma Recovery and Empowerment Model (TREM and M-TREM)

http://www.SAMHSA.gov/nctic/trauma-interventions
Early Childhood Interventions (ECI)

ECI
- Types of interventions include: Primary, Secondary, and Tertiary

Primary Prevention (Stop ACES from happening)

Examples:
- home visits for families with newborns; Parenting training programs; family wellness; social just; social development and economic opportunity
Secondary Prevention (early help for people with ACEs)

• Screen for people “at risk” and offer treatment to increase resilience and reduce risk

Tertiary Prevention (treat the final condition that emerges)

• Chronic Disease or Behavioral Health Support Groups; Treatment for Mental Health and Substance Use Disorders.
Early Childhood Interventions (ECI) Cont’d.

- Economic stress impacts
- Epigenetics
- HiAP; a WHO concept
  - Key messages
Preventing ACEs

Strengthen economic supports to families
- Strengthening household financial security
- Family-friendly work policies

Change social norms to support parents and positive parenting
- Public engagement and enhancement campaigns
- Legislative approaches to reduce corporal punishment

Provide quality care and education early in life
- Preschool enrichment with family engagement
- Improved quality of child care through licensing and accreditation

Enhance parenting skills to promote healthy child development
- Early childhood home visitation
- Parenting skill and family relationship approaches

Intervene to lessen harms and prevent future risk
- Enhanced primary care
- Behavioral parent training programs
- Treatment to lessen harms of abuse and neglect exposure
- Treatment to prevent problem behavior and later involvement in violence
Early Childhood Interventions (ECI) Cont’d

- Health begins long before illness where we live, learn, work, and play
- Causes of health and wellbeing lie outside health, formed socially and economically
- Highlights connections and interactions between health, other sectors, can contribute to better health outcomes
- Addresses health inequalities
- Highlights factors that impact health and wellbeing
- A “win-win”. Believes full circle, meaning we address health more, producing a more effective government
Early intervention

• Providing ACEs intervention to children and adolescence

• WRAP around services

• Education & Therapy for families to promote reduction of unsafe environment

Sar V. (2011)
<table>
<thead>
<tr>
<th>Intervention</th>
<th>Target Populations</th>
<th>Modality</th>
<th>Culture-Specific Fact Sheet</th>
<th>Training Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapted Dialectical Behavior Therapy for Special Populations (DBT-SP 2012)</td>
<td>8-12, Males and Females, Youth experiencing a wide range of traumas</td>
<td>Individual</td>
<td>Yes</td>
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</tr>
<tr>
<td>Alternatives for Families- A Cognitive Behavioral Therapy (AF-CBT 2012)</td>
<td>School age children; Youth experiencing wide range of traumas</td>
<td>Individual, Family</td>
<td>Yes</td>
<td>--</td>
</tr>
<tr>
<td>Assessment-Based Treatment for Traumatized Children; Trauma Assessment Pathway (TAP 2012)</td>
<td>0-18; Males and Females; for children who have experienced wide range of traumas</td>
<td>Individual, Family, Systems</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Attachment and Biobehavioral Catch-up (ABC 2012)</td>
<td>Birth-24 months; Males and Females; low-income families who have experienced neglect, abuse, domestic violence, placement instability</td>
<td>Individual, Family</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Tri-Phasic Model

1. Safety and Stabilization
2. Remembering & Mourning (Trauma Memory Processing)
3. Reconnection

The Tri-Phasic Model Cont’d.

Empowerment & Resilience Structure

**Active Ingredients:** Therapeutic Relationship-collaborative, hope, safety, calming presence, Psychoeducation, self-regulation, relaxation, Desensitization, integration, and reprocessing from coherent story, Reintegration

Posttraumatic Growth & Resilience

Guiding Principles

Limitations of Research & Potential Risks

Core Competencies for Clinician Treating ACEs

- Identify and utilize “active ingredients” (evidence-based) for successful trauma treatment
- Develop and enhance the therapeutic relationship & positive expectancy
- Teach clients the role that perceived threat and the automatic nervous system plays in the development and continuation of PTSD symptoms
- Achieve, maintain and teach relaxation & self-regulation skills
- Understand causes, symptoms, and treatment of posttraumatic stress to provide comprehensive psychoeducation to clients

Andreasen, N. C. (2011)
Core Competencies for Clinician Treating ACEs Cont’d

- Assess symptoms to make proper diagnosis
- Ability to help trauma survivors achieve “good enough” safety and stabilization
- Assist clients in building resilience and protective factors
- Engagement of self-care for treating clinician
- Treating clinician to engage in supervision with peers

Andreasen, N. C. (2011)
Therapists are Agents of Hope

• Pity, empathy, and compassion
• Vulnerability
• Fixed mindset, growth mindset, training mindset, trusting mindset
• The power of intention
• The essence of listening
• Eyes, ears, heart, and selfless act of undivided attention into one holistic character

Andreasen, N. C. (2011)
Therapists are Agents of Hope

Andreasen, N. C. (2011)

Phase 1 - Building Rapport
Phase 1

1. Assessments may or may not address trauma (return rate)

2. Working on noticing symptoms and body, implementing mindfulness
   - Rating symptoms
   - Window of tolerance

3. Emphasizing practicing

Andreasen, N. C. (2011)
Therapists are Agents of Hope

Phase 2-Resourcing

Andreasen, N. C. (2011)
Phase 2

- Moving toward mastery
- Coping skill building
- Expanding window of tolerance
- Judgment vs non-judgment
- Covert coping
- Skills

Andreasen, N. C. (2011)
Therapists are Agents of Hope

Phase 3- Planning & Developing

Andreasen, N. C. (2011)
Phase 3

- Target Planning, taking inventory of things that have been a part of resilience
- Development of positive timeline

Andreasen, N. C. (2011)
Therapists are Agents of Hope

Phase 4-Assessing & Identify

Andreasen, N. C. (2011)
Therapists are Agents of Hope

Phase 5- Treatment

Andreasen, N. C. (2011)
THANK YOU!

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Resource List

• Adverse Childhood Experiences (ACEs) Study on CDC website


• SAMHSA’s Treatment Improvement Protocol 57- Trauma-Informed Care in Behavioral Health Services

• Centers for Disease Control and Prevention (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence

• Vital Signs Fact Sheet: Adverse Childhood Experiences (ACEs) pdf icon[865 KB, 2 Pages, 508]
  CDC’s Vital Signs fact sheet featuring ACEs and their negative impacts on health as well as education and employment opportunities later in life.

• VetoViolence
  VetoViolence is a source of trainings, tools, and resources for violence prevention professionals. The site features interactive tools and trainings designed to help practitioners stop violence before it begins.

  • ACEs Training
    An online training to help understand, recognize, and prevent ACEs from occurring in the first place.

  • ACE Study Infographic
    Visual, interactive representation of data from the 1995-1997 CDC-Kaiser Permanente study on Adverse Childhood Experiences prevalence and relationship to health outcomes.

  • ACEs Snapshot
    Interactive tool that provides insight into how ACEs can be prevented and how to minimize negative effects.
Resource List

- **Connecting the Dots**
  A free, online training that helps users explore shared risk and protective factors across multiple forms of violence.

- **Making the Case: Engaging Businesses**
  A free online resource that explains how communities can work with the business sector to assure safe, stable, nurturing relationships, and environments for all children and families.

- **Veto Violence Facebook Page**
  Connect with VetoViolence on Facebook, where you can watch videos, post comments, and more.

- **Case Studies**
  The state case studies provide detailed descriptions of how selected states have valued and used ACE data to inform their child abuse and neglect prevention efforts.
    - **Learning from Alaska’s Adverse Childhood Experiences (ACE) Story pdf icon**[208 KB, 3 Pages, 508]
      Outlines Alaska’s journey to raise awareness of ACEs, collect state-level ACE data, and efforts to use ACE data to inform prevention of child abuse and neglect.
    - **Learning from Oklahoma’s Adverse Childhood Experiences (ACE) Story pdf icon**[264 KB, 2 Pages, 508]
      Highlights Oklahoma’s efforts to use their ACE data to inform their state’s prevention actions, as well as next steps in preventing child abuse and neglect.
    - **Learning from Wisconsin’s Adverse Childhood Experiences (ACE) Story pdf icon**[221 KB, 2 Pages, 508]
      Describes how Wisconsin utilized their ACE data to provide a platform to increase support for evidence-based strategies that promote protective factors.

**Select Journal Articles**

This is a sample of selected ACE-related journal articles. A systematic review of the literature is encouraged for a more comprehensive list of publications.

- **Safe, Stable, Nurturing Relationships Panel Supplement pdf icon**[6.45 MB, 16 Pages, 508]
  This is a special supplement of the *Journal of Adolescent Health* that presents four longitudinal studies on intergenerational patterns of violence.
Resource List

- **Essentials for Childhood (EfC)**
  EfC proposes strategies that communities can consider to promote the types of relationships and environments that help children grow up to be healthy and productive citizens.

- **Presentation Graphics**
  This page contains graphics that can be incorporated into presentations on ACEs.

- **Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence pdf icon[4 MB, 40 Pages, 508]**
  This is a resource to help states and communities leverage the best available evidence to prevent ACEs from happening in the first place as well as lessen harms when ACEs do occur. It features six strategies drawn from the CDC Technical Packages to Prevent Violence.

- **Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activitiespdf icon [3.69 MB, 52 Pages, 508]**
  CDC’s technical package to help states and communities take advantage of the best available evidence to prevent child abuse and neglect and other adversities.

- **Administration for Children and Families’ Children’s Bureau’s prevention page external icon**
  This page provides resources to support child abuse and neglect programs, research.
References


17. Substance Abuse and Mental Health Services Administration (SAMHSA) Evidence-Based Practices Resource Center. [SAMHSA EBP Resource Center](https://www.samhsa.gov/ebp-resource-center)


References


